Art Therapy in Canada: A Place-based Métissage

Janis Timm-Bottos1

> *"Nous connaîtrions-nous seulement un peu nous-mêmes, sans les arts?"* ("Could we ever know each other in the slightest without the arts?") (Roy, 1961/1962)

The preceding quote, by francophone novelist Gabrielle Roy, was juxtaposed on the bilingual C$20 bill with two images of modern aboriginal sculptures—*The Spirit of Haida Gwaii and Raven and the First Men*, both by British Columbia Haida artist Bill Reid. It proudly remained on the bill for almost a decade, "remind[ing] us that arts and culture define who we are, as well as the system of beliefs, values, and customs we share as Canadians" (Bank of Canada, n.d.). The braiding of distinct, diverse cultural threads creates a new way of seeing something, such as Roy's quote together with Reid's art, and aptly provides an example of cultural *métissage*, "the weaving of a cloth from different fibres" (Hasebe-Ludt, Chambers, & Leggo, 2009, p. 35). This melded image serves as a place to fabricate a viewpoint of what is unique, vital, and also challenging about art therapy in Canada.

Music therapist Hyun Ju Chong (2010) referred to the investigation of national uniqueness as "internationalization" or "what occurs among the countries through the exchange of what is 'theirs' to the other parts of the world" (p. 1). Identifying special qualities, such as the qualities of art therapy in Canada, begins, according to Chong, through recognition of the country's art identity and heritage in order to answer the question "What has Canada contributed to art therapy that enriches and diversifies the profession?"

To respond to this question, a perspective and context for art therapy in Canada will be offered in this chapter. To do this, the intertwining and overlapping nature of the documentation on the history, places, people, and differing standpoints uncovered about art therapy in Canada will be explored. This métissage will be sensitively investigated, and will contribute to the complex plait started many years ago in the skillful hands of many dedicated and passionate Canadian art therapist–authors with the hope that many more threads will be located, pulled forward, and continued onward.

An Initial Knot Held in Place

For well over 400 years, art making skills and "minutely detailed environmental knowledge" (Basso, 1996, p. 43) of the First Nations secured the survival of French and English colonists in this rustic new world landscape. For example, immediately upon arrival, the handcrafted canoe replaced the European wheel in importance for travel and moving freight. Arthur Lismer, one of the Canadian landscape painters from the *Group of Seven*, eloquently stated, "When the art impulses of a nation are stirred then something vital moves into a responsive rhythm" (Lismer, in

McKay, 2002, p. 50). The daily involvement over several centuries with particular materials and tools for the construction of handmade objects has had an enormous and continuous role in reinforcing the Canadian citizen's identity.

Canada was built on three pillars—First Nations, French, and English—forming a complex triangular foundation (Saul, 2009). Even through the changing tides of polarizing federalist governments and regretful examples of misuse of power, Canada maintains a particular cultural humility toward its citizens. By actively fostering diversity and supporting social determinants of health through welcoming new immigrants, providing universal health care (Mann, 2012), social housing, new parent support, subsidized post-secondary education, etc., Canada is known for caring for its people.

Geographical and climatic elements contribute to the need for government care, and these factors have also affected the way art therapy has evolved in Canada. Most of the country's 34.5 million inhabitants (one-tenth the population of the United States) live within a 100-mile southern band of land bordering the United States (2010 Data from Statistics Canada, www.nrcan.gc.ca). Extensive natural landscapes surround relatively small outcroppings of people within abundant forests and glacier peaks, on vast stretches of prairie lands, among diverse wild life, and along the world's longest coastlines. Most importantly, this vast beauty lies within its people, who have learned to prosper in a land of extreme temperatures. The country's cold temperatures and the great distances between cities, towns, and villages have historically deterred an ease of national collaboration; this is no less true between its 600 or so art therapists. For these reasons, "Art therapy in Canada, like the nation itself, developed along provincial lines" (Edwards, 2004, p. 130).

Colorful Pioneering Threads

It was within particular geographical landscapes that the seeds of the profession now known as art therapy took root. As aptly phrased by French Nobel Prize–winning author Albert Camus, "Sense of place is not just something that people know and feel, it is something people do" (Camus as cited in Basso, 1996, p. 143). In the words of Irene Dewdney, a pioneering Canadian art therapist, "Our relative isolation from other art therapy practitioners allowed us to make our own discoveries; evaluate our own approaches and techniques; and create our own picture of an art therapist" (I. Dewdney & Nichols, 2011, p. 47).

Selwyn Dewdney (1909–1979), an accomplished artist, art educator, author, and aboriginal rock art scholar, conveyed a strong sense of place through his writings (S. Dewdney, 1975). In one of his books titled *They Shared to Survive: Native Peoples of Canada*, S. Dewdney articulated how the "impact of aboriginal values and attitudes has shaped us more than we know" (1975, p. 4). As a child, his imagination was captivated by the marshlands of Northern Ontario's waterways,

which he later canoed extensively with friends and family. Serving as a future testament of their professional partnership, he and his wife, Irene Dewdney, traveled by canoe for their 500‑mile honeymoon trip in 1937 (A. K. Dewdney, 1997). This distinctively Canadian mode of travel seemed to have prepared and nurtured the couple's fervor for bringing forward a piece of a profession that highly values the watery meandering through the swamps and waterways of the unconscious.

Art therapy in Canada, as in other nations, was birthed during the age of modernism, a time when the imagination and the unconscious came into its own as the harbingers of human potential. Canadian art therapist Helene Burt (2012), in her edited book *Art Therapy and Postmodernism*, discussed how, after generations of a lack of individualism due to dominating political and religious systems, Sigmund Freud brought forward a popular notion of the "self." In response, many writers and artists began to investigate the "individual psyche" (Burt, 2012, p. 18) through their work that then served to "revitalize art as an instrument for the creative empowerment of the human spirit" (Haslem, 2005, p. 20). In his fascinations with these new ways of thinking, Lismer, influenced by the American art therapist Florence Cane (Grigor, 2002), said, "Art unfolds the purpose of humanity [and] the art of a nation is the expression of the nation's presence on the path that leads towards things of the spirit" (Lismer as cited in McKay, 2002, p. 50).

It was no wonder that Martin Fischer (1914–1992), a charismatic Vienna‑based medical professional who had studied with Freud (Burt, personal communication, January 4, 2013), quickly had a following of students who agreed to view art as a way of gathering insights and information from the unconscious. Leaving Europe, along with many others under duress, Fischer immigrated to Canada and immediately began working as a psychiatrist at Toronto's Lakeshore Psychiatric Hospital in the late 1940s (Woolf, 2003). Edwards, in describing the impact of psychoanalysis on the origins of art therapy, indicated:

> Psychoanalysis has exercised such a strong influence on art therapy mainly because it offers a ready‑made language through which art therapists can both think about and articulate aspects of their work. Without this language, art therapy could not have developed in the way it has. (2004, p. 69)

Fischer exemplified the medical expert who practiced and taught his psychoanalytic art therapy approach, which differed from the Dewdneys' interdisciplinary approaches. Edwards (2004) continued:

> In some respects, however, as Skaife (2001, p. 41) suggests, "art therapy may be being held back by some of the language of psychoanalysis." While this may in some ways be true, in common with developments in related disciplines like counseling and

> psychotherapy, art therapists have tended to "assemble concepts and techniques into their own personal *bricolage*, thereby creating a set of interlocking local knowledges rather than a 'universal' theory." (p. 69)

Ten years earlier in London, Ontario, only 100 kilometers away from where Fischer set up shop, S. Dewdney taught painting, and led mural projects and geology expositions in order to provide for his growing family. In 1938, S. Dewdney had an interesting opportunity to collaborate with Lionel Penrose on developing the first projective art therapy test for "shell-shocked" veterans, referred to as the "M test" (I. Dewdney & Nicholas, 2011). A decade later, about the time Fischer started at Lakeshore, he accepted a job at Westminster Hospital in London, Ontario, teaching art to psychiatric patients (A. K. Dewdney, 1997). This led to S. Dewdney becoming the first government-appointed art therapist in Canada (I. Dewdney & Nicholas, 2011), seeking "to make the process of art therapy understandable to his patients" (I. Dewdney & Nicholas, 2011, p. 24). In his wife's words:

> Selwyn was not interested in following the medical model of diagnosis and labeling but quite the opposite, in fact; he preferred to dissect and demystify the processes that seemed to help mental patients, and to give the voice of authority to the patient when it came to his or her own art productions. (I. Dewdney & Nicholas, 2011, p. 24)

Gathering to Organize a Profession

Meanwhile, Fischer was teaching image-making as a tool of therapy to his psychiatric residents (Woolf, 2003) and developing a national vision for the profession of art therapy. He was untethered from provincial constraints and had the personal and professional authority to extend a wide reach. He founded two private clinical training institutes: one in the east (Toronto Art Therapy Institute) and one in the west (Vancouver Art Therapy Institute). His training also influenced a third training institute, Kutenai Art Therapy Institute, located in the interior of British Columbia. In 1977, Fischer also initiated a national association, the Canadian Art Therapy Association (CATA), offering governance, registration, conferences, and later a professional journal for qualified art therapists. The control of the association remained under Fischer's influence and leadership until his sudden death in 1992 (Gilroy & Hanna, 1998; Woolf, 2003).

Fischer's enthusiasm was often met with strong reactions, and it was quickly pointed out that the CATA did not represent all Canadian art therapists. The British Columbia Art Therapy Association (BCATR) and the Ontario Art Therapy Association (OATA), both established in 1978, were developed in response to Fischer's "national" umbrella. In 1981, the Association des Arts-therapeutes du Quebec/Association of Art Therapists of Quebec (AATQ) followed suit, established by Nancy Humbar, Rachel Garber, and Sandy Cooke. The 16 enthusiastic members

donated C$1 each to start this organization (Woolf, 2003). The AATQ continues to produce an informative communiqué twice a year for its members.

In 1982, a governing body was established out of the BCATA, called the Victoria Institute of Art Therapy Association (VIATA). The Alberta Art Therapy Association (AATA) was formed in 1983, but did not initially stabilize because members joined the BCATA. Around this same time, an alternate national effort was put forth when the four provincial associations founded the National Art Therapy Council of Canada (NATCC) and invited CATA to join. The purpose of the council was to act as a national forum in conjunction with the existing provincial associations to develop and standardize criteria for training, ethics, and provincial registration. The council disbanded in 1998 (Collis, 1998). However, in 2012, a promising effort was launched between BCATA and CATA, and a formal agreement of collaboration was signed. "The goal of the Alliance has always been to find a way to weave art therapists across our nation together; to build our profession as a strong entity that can be looked as a positive model" (Oucharek‐Deo, 2012, p. 2). Another national‐level organization is the Creative Arts in Counseling chapter within the Canadian Counseling and Psychotherapy Association (CCPA), which requires an MA in a related field. Currently, it has 190 members. From the CCPA's January 2010 survey, it appears that art therapists are the majority of its members, with almost all provinces and territories represented (Lu, 2010).

Women Leaders

While it was men who were first acknowledged for developing and disseminating art therapy in Canada, it was a larger‐by‐far group of women who stayed close to the work, often without the recognition they deserved. By the 1950s, I. Dewdney (1914– 1999) began working with her husband, Selwyn, at the Westminster Hospital (I. Dewdney & Nicolas, 2011). As S. Dewdney increasingly traveled to document aboriginal rock art, the Dewdneys worked together over the next 20 years to set up and deliver services in art therapy clinics at Westminster Hospital, St. Joseph Hospital, and London Psychiatric Hospital (I. Dewdney & Nicholas, 2011, p. 41). Over many years, I. Dewdney developed the "objective approach" to art therapy. An informal training program led to the establishment of the Graduate Diploma Program in Art Therapy at the University of Western Ontario in 1986. Unfortunately, it closed 20 years later, mostly due to economic reasons.

One of the proposed titles for the book outlining I. Dewdney's seminal approach to art therapy, edited by her friend and former student, Linda Nicholas, exemplified her imagination and creativity. The book was originally called *A Nest of Dolls*, to illustrate how the inner child lives within each client, along with "the smaller selves," such as in Russian nesting dolls (I. Dewdney & Nicholas, 2011). However, the title of this online book was eventually changed to *Drawing out the Self: The Objective Approach in Art Therapy* (please see the Ontario Art Therapy Association

website). Nicholas stated, “Irene was one of the last of a vanishing breed: the untrained, highly skilled, broadly experienced pioneer art therapist” (Woolf, 2003, p. 4). In her article titled “Art Therapy in Canada: Origins and Expectations,” art therapist Lois Woolf eloquently wrote about the Dewdneys:

The Dewdneys were political activists and through their work they brought together their political principles and art. Seeing psychiatric patients as dispossessed and needing recognition as people, they encouraged the use of art as a vehicle for social empowerment; a way to resist the undermining of their social status and to gain personal acceptance (Woolf, 2003, p. 4)

In Montreal, Quebec, another art therapy visionary was working independently and experimenting with ways to engage psychiatric patients in art‐making. Marie Revai (1911–1997) an artist with a teaching diploma from Budapest, and had trained with Arthur Lismer, the *Group of Seven* artist and progressive art educator, at the Montreal Museum of Fine Art. Revai then worked extensively in surrounding community centers, introducing art to children and adults. This experience helped Revai formulate her ideas about how art could provide a particular “solace, and a new perception of the world” (Lamy, 2006, p. 67). In 1957, she was hired by a psychiatrist to work as an arts specialist in the occupational therapy department at the Allan Memorial Institute. She was thrilled with the large, windowed studio space offered to her, which overlooked a grove of trees, because inner as well as outer natural worlds were important to Revai’s methods. She stated, “I tried to make the art room as inspiring as possible. Plants, aquarium, turtles, budgie birds and drift woods of interesting shapes were decorating the room” (Lamy, 2006, p. 66). It was reported over time that, as patients attended the studio and moved around the space, spontaneous things happened to help foster healing (Schwartz, 1994). Revi’s noninterventionist open studio stayed as such until the mid‐1970s. She also developed “very structured” closed groups, which addressed different ways of being, including: “the Opinion group, the Perceptual group, the Training group and the Projective Art group” (Lamy, 2006, p. 66). Marie Revai also organized art exhibits at the hospital to educate and demonstrate the links between modern art and the art made by her patients in the hospital.

It was one of these art exhibits that inspired Leah Sherman, the director of fine arts at Concordia University, to invite Michael Edwards (2010), a Jungian art therapist from England, to teach a survey class in art therapy in 1978 at Concordia University. This led to the development of the first art therapy master’s program in Canada. Julia Byers, a Canadian, was later hired from the United States to support expansion of the program within the Art Education Department. Today, a 60‐credit psychodynamically oriented art therapy option, approved by CATA as well as the American Art Therapy Association, is offered within the Fine Arts Department of Creative Arts Therapies (Leclerc, 2011).

Across the country, especially in the west, other schools were evolving, driven by passionate, professional, and extremely dedicated women. The Vancouver Art Therapy Institute was founded in 1982 by Lois Woolf, Fischer's former student. The British Columbia School of Art Therapy in Victoria was founded by Kay Collis in 1985. Collis was befriended by the American art therapy pioneer Robert Ault, and was invited to attend the inaugural meeting of the American Art Therapy Association in 1969. Collis was responsible for establishing important north–south links. In 1995, Monica Carpendale, another former student of Fischer, founded the Kutenai Art Therapy Institute, situated in one of Canada's "best small art towns," Nelson, BC (Villani, 1998, 22–25).

The art therapy program at St. Stephen's College, within the University of Alberta in Edmonton, evolved as a progressive response to spiritual development within an innovative theological college. "It began with transpersonal art therapy elective courses taught by Madeline Rugh, an art therapist from the US." Her efforts, combined with those of Straja Linder‐King, inspired a critical mass of students to request the formation of a formal art therapy specialization within the master's degree in 2004. More recently in Sherbrooke, Quebec, two independent art therapy initiatives merged to form a Jungian oriented 45‐credit MA program at the Universite du Quebec en Abitibi-Temiscamingue (UQAT). Initiated by Louise Poirer‐Magassouba and joined by Johanne Hamel and Lorraine Dumont this Canadian program represents, "The first and only university to offer masters level art therapy study in French" (Labreche, 2011, p. 37).

Current Issues and Trends

The latest CATA survey, which went out to the four art therapy associations representing Canadian art therapists, indicated that there were a total of 609 members in these associations. With almost a third of Canada's population located in three major cities, Montreal, Toronto, and Vancouver, it is not surprising that the majority of the 281 responses from the 2009 survey came from these metropolitan centers. Only 29% of the art therapy respondents resided in rural Canada. According to the survey, while these therapists may enjoy a lack of competition for jobs, they also experience a sense of isolation, a lack of professional identity, limited supervision options, and a lack of continuing education opportunities (Lee, 2010). "Considering these challenges, Canadian art therapists have been quick to embrace local collaborations with other professions, distance supervision, online continuing education, and enthusiasm for gathering for conferences" (Zip, 2013, personal communication, February 24, 2013).

In her 2011 follow‐up article, Lee noted trends that emerged in art therapy in Canada over the 5‐year period since the last survey (Burt, 2005). Lee noted a 25% increase in the number of art therapists responding to the survey, and she reported the following trends: older age, income concerns, part‐time versus full‐time workers, necessity of multiple titles, art therapy research, and MA versus diploma options.

Art therapists responding to the survey included recent MA graduates who were making significantly more income than post-graduate-level diploma holders: C$41,000– C$45,000 starting incomes in the first 2–5 years, compared to C$26,000–C$30,000 for diploma holders. This reflected the economic value of graduate-level degree programs. Most professionals (65% of respondents) were operating under several job titles. Concerns that emerged from this comparison report used Statistics Canada's low-income cut-offs (2010), and showed that, on average, 22% of art therapists were earning below the poverty levels, earning less than C$20,000 annually (inclusive of all jobs). This is in contrast to the wage scale that the Quebec Minister of Health and Services provides on the ministry's website, which indicates an 18-scale pay range for art therapists with the starting scale in 2012 for 35 hours per week from C$39,494 (C$21.70 per hour) to C$72,709 (C$39.95/per hour; data from "Sante´ et services sociaux—professionnels, 2012": http://www.tresor.gouv.qc.ca/fileadmin/PDF/echelles_salariales/sss_prof.pdf).

While there is commensurable value in post-baccalaureate certificates in Canada, with which you can hold the title of "Registered Canadian Art Therapist" and office in CATA, there is a trend toward master's-level art therapy education due to increasing push for credentialing. The art therapy institutes have responded by developing MA degrees through established universities. For example, the Vancouver Art Therapy Institute is now in partnership with Athabasca University and their Graduate Centre for Applied Psychology. Other institutes have been less successful in securing master's programs and have instead opted to develop extension programs. Christine Lummis, president of the Kutenai Art Therapy Institute, described their efforts of developing a Halifax, Nova Scotia, extension from their institute in BC: "In some ways this is due to the need to remain accessible to students and the mandate to reduce obstacles to people interested in learning about art therapy" (personal communication, July, 25, 2012).

Credentialing pressures come primarily from the United States because increasing numbers of art therapists are attempting to find a foothold in the workforce through title protection. In Quebec, Law 21 currently prevents art therapists from using the term "psychotherapy" to describe their work, while in Ontario, "it is projected that by the summer of 2012, the new College of Registered Psychotherapists and Registered Mental Health Therapists regulating the practice of psychotherapy will be opening its doors to registrants" (OATA website). The fact that this has not yet happened may indicate that the process for title recognition will move quite slowly, and will face many obstacles.

The other trends are in the areas of eco-psychology, expressive arts therapies, community arts studio methods, and research innovation, including aboriginal research methods, arts-based research, creative arts research, as well as in inspiring new locations for service delivery. For example, the St. Stephen's "Arts-based Research Studio" is "an accessible and inclusive space"

that espouses, “We know more than we think” (St. Stephen’s University website, www.ssu.edu , 2013).

Art therapists in Canada work in a wide range of settings—including hospitals, clinics, schools, private practice; senior, community, and transitional housing venues; and universities, employment offices, and family and youth programs. The weaving of these practices and places is the work of current and future art therapists. Each represents creative diversity based on mutual regard and important partnerships.

It is with consideration of the value and complexity of this diversity, across such a huge expanse of land, that a place-based art therapy métissage is woven. A long braid is formed across Canada, which is a respectful mixture of its many different ways of practicing, learning, organizing, and working in the dynamic field of art therapy.

> “(T)hink about our unbroken past here and those tens of thousands of experiences of *métissage* and their influence on what we have become. And beyond those physical experiences is the long history of Aboriginal ideas and ways of life mixing in with those who arrived from the sixteenth century on.” (Saul, 2009, p. 20)

From this heritage, where “art is the language that cuts across the existing boundaries and obstacles that stand in the way of human communication” (Fischer, 1990), art therapy in Canada proudly sits in many expansive places.

Endnote

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